



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Frank SAGGIO III et al.

Title: STABILIZATION OF A  
DROGUE BODY

Appl. No.: 10/697,564

Filing Date: 10/31/2003

Examiner: Unassigned

Art Unit: 3644

**SUPPLEMENTAL APPLICATION DATA SHEET TRANSMITTAL**

Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

A Supplemental Application Data Sheet is attached herewith, in order to correct the following:

Please correct the 2<sup>nd</sup> named inventor's information as shown on the Supplemental Application Data Sheet.

In the event a fee is required, the Commissioner is hereby authorized to charge the Deposit Account No. 19-0741.

Respectfully submitted,

Date: March 10, 2004

By Michael D. Kaminski

FOLEY & LARDNER LLP  
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Michael D. Kaminski  
Attorney for Applicant  
Registration No. 32,904

**Supplemental Application Data Sheet**



**Application Information**

<b>Application number::</b>	10/697,564
<b>Filing Date::</b>	10/31/2003
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	STABILIZATION OF A DROGUE BODY
<b>Attorney Docket Number::</b>	028338-0112
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1
<b>Total Drawing Sheets::</b>	21
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

**Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Frank
<b>Family Name::</b>	SAGGIO
<b>Name Suffix::</b>	III
<b>City of Residence::</b>	Grand Rapids
<b>State or Province of Residence::</b>	MI
<b>Country of Residence::</b>	US

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**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** William B.  
**Family Name::** RIBBENS  
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**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
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**Family Name::** OOI  
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**State or Province of Residence::** CA  
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**Correspondence Information**

**Correspondence Customer Number::** 22428  
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**Representative Information**

<b>Representative Customer Number::</b>	22428	
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#### Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/498,641	08/29/2003

#### Foreign Priority Information

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

#### Assignee Information

**Assignee name::** SMITHS DETECTION-EDGEWOOD, INC.